UNITED STATES DISTRICT COURT

for the

District of Utah

FILED 2024 DEC 17 PM 3:06 CLERK U.S. DISTRICT COURT

Division

David D Crossett, M.S/M.S/11%JD cockroach disability law center	Case No. 1:24-cv-205-JCB
	(to be filled in by the Clerk's Office)
Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.) -V- President of Corporation of latter-day saints	Jury Trial: (check one) Ves No No
Defendant(s) (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)	

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	David D crosset				
Address	650 s main st 6303				
	bountiful	ut	84010		
	City	State	Zip Code		
County	bounitful				
Telephone Number					
E-Mail Address					

B. The Defendant(s)

Defendant No. 1

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

the church of jesus Christ of latter-day saints Name Job or Title (if known) corporation 50 E North Temple Address salt lake city ut 84150 Zip Code City State salt lake city County Telephone Number 1-801-240-1000 E-Mail Address (if known) ✓ Official capacity Individual capacity Defendant No. 2 Name Job or Title (if known) Address CA 94105 State Zip Code City County Telephone Number E-Mail Address (if known) Individual capacity Official capacity

Pro Se 1	5 (Rev. 12/	16) Complaint for Violation of Civil Rights (Non-	-Prisoner)		
		Defendant No. 3 Name Job or Title (if known) Address			
		County Telephone Number E-Mail Address (if known)	City	State	Zip Code
			Individual capacity	Official capa	city
		Defendant No. 4 Name Job or Title (if known) Address			
		County Telephone Number	City	State	Zip Code
		E-Mail Address (if known)	Individual capacity	Official capa	city
II.	Basis	for Jurisdiction			
	immur Federa	42 U.S.C. § 1983, you may sue stathities secured by the Constitution and al Bureau of Narcotics, 403 U.S. 386 autional rights.	d [federal laws]." Under Biv	ens v. Six Unknown	n Named Agents of
	A.	Are you bringing suit against (chec	k all that apply):		
		Federal officials (a Bivens cla	nim)		
		State or local officials (a § 19	983 claim)		
	В.	Section 1983 allows claims alleging the Constitution and [federal laws federal constitutional or statutory]." 42 U.S.C. § 1983. If you	are suing under se	ction 1983, what
	C.	Plaintiffs suing under <i>Bivens</i> may are suing under <i>Bivens</i> , what cons	•		

officials?

D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur? salt lake city utah
- B. What date and approximate time did the events giving rise to your claim(s) occur? on or about 2007
- C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)
 plaintiff resigned from Mormon church on or about 2007. plaintiff resigned after rebaptism again in 2011 Mormon church assured plaintiff both times that his name will be removed from all records of Mormon church. Mormon church refused to follow through to removed plaintiff name either time to date. plaintiff has been humiliated, embarrassed and has received extensive psychiatric services to recover from breach of Mormon churches to remove his name. Plaintiff has made several legal ADA accommodations requests to remove his name, the Mormon church has refused and ignore any legal accommodations request

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

regular physician consultations, medications, therapy psychiatric and psychologist, attempted suicides hospitalizations, family and marital ramifications.

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

order the Mormon church to completely remove, absolve redact, expunge, any and all of my records included genealogical and any other archive data base. any and all nonpublic genealogical records in church archives and shared nonpublic records with any platform such as ansistory.com and ect. any and all information on family history library and family search that contain the plaintiff's name that is not public record.

- \$266,666.66 actual damages,
- \$100,666,666.66 punitive damages
- Courts cost legal fees \$46,666.66

VI. Certification and Closing

В.

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case–related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:	12/14/2024		
Signature of Plaintiff	s/ David D Crossett, cockroa	ch disability law cente	er
Printed Name of Plaintiff	s/ David D Crossett		
For Attorneys			
Date of signing:			
Signature of Attorney			
Printed Name of Attorney			
Bar Number			
Name of Law Firm			
Address			
	City	State	Zip Code
Telephone Number			
E-mail Address			

Print Save As... Add Attachment Reset